

Kheng Chiu Loke Tin Kee Home



SECTION A - APPLICANT'S PARTICULARS & CARE STATUS

Name (in NRIC) : _____

Name in Chinese Characters : _____

NRIC No : _____ (Pink/Blue) MOBILE NO: _____

Date of Birth : _____ Age : _____



Gender : Male Female

Race : Chinese Malay Indian
 Eurasian Others :

Citizenship : Singaporean Permanent Resident

Address (in NRIC) : _____

Last Known Living Arrangement :

Marital Status : Single Married
 Separated Divorced Widowed

Alone With Spouse With parent With sibling

With child/grandchild With relative With friend

Preferred Language :
 English Mandarin Malay
 Tamil Cantonese Hokkien
 Teochew Hainanese

In Institution Others :

Type of Accommodation :

HDB - _____ room flat HUDC Landed

Private Apartment Homeless

Others : _____

Others :

Dialect Group: _____

Hobbies : _____

Religion : Buddhism Taoism
 Christianity Catholicism Islam

Previous occupation : _____

Hinduism Others :

Are you willing to work while residing in the Home?

YES NO

If Yes, in what area of work are you interested: _____

Family Details : All fields are compulsory, please do not leave it blank. Indicate N.A. if not applicable

Age	Names of Family Members	Relationship with Client	Contact	Monthly Income	Occupation

Description of Client's Relationship with Family :

Age	Names of Guarantors	Relationship with Client	Contact	Monthly Income	Occupation

Reasons for application :

- Has financial difficulties
- Does not want to burden CARE person(s)
- Needs accommodation
- Poor relationship with residents/management of institution
- CARE person (s) unwilling to provide care
- Others (specify) : _____
- Poor relationship with CARE person (s)
- CARE person(s) are working/have other commitments

*CARE person(s) means family members/relatives/non-relatives

Ambulatory Status : Category A - Ambulant Category B - Semi-ambulant

Any Dryg(s) Allergy : YES NO

If yes, please state name of drug(s) : _____

Signed and Verify by : _____ Witnessed by : _____

APPLICANT _____ Name of Staff _____ Date : _____

SECTION B - SOCIAL REPORT

List of Required documents (please tick if applicable and document is attached :

- Copy of NRIC (Client) Copy of NRIC (NOK/Guarantor) CPF Statement (Client)
- Copy of P.A. Card Copy of LPA Copy of MFEC Bank Statement
- Sponsor/Guarantor's proof of monthly income
- Copy of Means-Test Declaration Form

Client's Means of Subsistence : (Please tick)

- Work : \$ _____ (per day) or \$ _____ (per month); Type of Work : _____
- Personal Savings : \$ _____ (total estimate)
- CPF Savings : \$ _____
- Insurance/Annuity Payout : \$ _____ (per month)
- Support from Friend/Family Member/Relative*:\$ _____ (per day) or \$ _____ (per month)
- Claim maintenance via the Tribunal (pending/finalised/defaulted*) : \$ _____ (per month)
- Public Assistance Scheme (PA Card no. _____)
- Welfare grant (CDC) : \$ _____ (per month) for _____ months
- Social Service Agency : \$ _____ (per month) for _____ months
- Religious organisations : \$ _____ (per month) for _____ months

*Please delete as appropriate

Additional notes on family's situation (e.g. financial) : _____

All the information provided in Section A & B is true and accurate.

Verified by :

Witnessed by :

NOK/Guarantor or Client

Name of Staff

Date :

SECTION C - MEDICAL REPORT (to be endorsed/signed by a Medical Doctor)

Client's medical report, RAF and Chest X-ray report should be attached to this application.
Without these documents, the Home is unable to assess the client's eligibility for admission.

Name of Patient : _____

Primary Diagnosis & Clinical Findings :

Other Significant Medical History/Secondary Diagnosis :

- Diabetes Mellitus High Cholesterol High Blood Pressure HIV CVA/Stroke IHD
- Tuberculosis Dementia MRSA colonised/infective
- Others (e.g. psychiatric conditions, skin conditions), please specify : _____

Is patient suffering from any infectious disease?

- No Yes, if specify : _____

Psychological & Behavioral Condition (please tick the relevant boxes for ALL listed items) :

- Agitation &/or Aggression : N.A. Occasionally Frequent Always
- Violence : N.A. May self-inflict Verbally Abusive Physically Abusive Has suicidal Ideation
- Bed Restraint : N.A. Required temporarily Required occasionally Required permanently
- Sleep/Disruption : Able to sleep Relies on sleeping pills Required Sedation
- Chronic sleep issues

Summary of Nursing & Rehab Needs (please tick the relevant boxes for ALL listed items) :

- Feeding & Dietary : N.A. Special Diet Ryle's tube PEG Flexiflo
- Respiratory & Cardiovascular : N.A. O2 Therapy BiPAP Machine
- Stoma/Gastro-intestinal : N.A. Colostomy Tracheotomy Care Jeostomy
- Urinary Tract : N.A. Intermittent Cath Supra-public Cath. Urethra
- Kidney/Renal : N.A. Kidney/Renal Care (With medication) Hemodialysis
- Wound Care : N.A. Prone to bedsores Minor/infrequent Intensive/Frequent
- Client has impairment(s) which affect verbal communication :
- N.A. Sight Speech Hearing

Doctor's report on chest X-Ray : _____

Other medical condition, please specify : _____

Client is certified to be fit for light exercise YES NO

Client is certified to be fit for communal living YES NO

Client is recommended for Physical Medicine & Rehabilitation (PM&R)# YES NO

#Previous rehabilitation/treatment plan by PT or OT needs to be furnished for reference

List of Current Medications *:

Any drug allergy / other allergy : NO YES, please specify :

1)	7)
2)	8)
3)	9)
4)	10)
5)	11)
6)	12)

*Please attach photocopies of patient's appointment cards to ensure medical appointments are tracked.

Endorsed / Signed by : _____

Date : _____

Name of Doctor (Dr) : _____

Designation / Dept / Institution : _____

SECTION D - RESPONSE SLIP (Applicant to be informed within 7 working days)

Date of referral : _____
Name of referral : _____
Dept/Designation : _____

Preliminary Assessment of Application Before Interview :

Client is eligible for admission to my Sheltered Home at this stage (application form is complete, recommended for interview & final approval)

Client is unsuitable for admission (application is rejected, please note reasons below)

Application form is incomplete, please refurnish information for Section A / B / C*

Missing document (s) to be furnished :

*Please circle accordingly

Signed By : _____
Name of Staff : _____
Designation : _____
Date : _____

SECTION E - OUTCOME OF APPLICATION (To be informed within 7 days from date of interview)

Final Decision of Admission Committee :

Rejected Pending Approved

Fee Payable (Monthly) : \$ _____ /FOC (please delete accordingly)

Date / Time of Meeting : _____

Name of Approving Officer : _____

Signature of Approving Officer : _____

Reasons for rejected application : _____

¹ The Home can reject the application based solely on the information provided in the admission form and documents at the intermediate stage of application. Rejected application will not be processed by the Admission Committee.

² After an approval is given, NOK/Guarantor(s) is/are required by the Home to sign a declaration form (Undertaking for Admission). The approval status may be affected / delayed if documents are incomplete.